

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/970,649</div>	FILING DATE
							APPLICANT(S)	
<div style="font-size: 1.2em; font-family: cursive;">2-17-04</div> CLAIMS							<div style="font-size: 1.2em; font-family: cursive;">2-17-04</div>	
	APPROVED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2							
TOTAL DEP.		80						
TOTAL CLAIMS			82					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-74)

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